

# Vulvar syringomas

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## ABSTRACT

Syringomas on the vulvar skin are relatively rare and generally bilateral. They are usually asymptomatic but can be symptomatic, with vulvar discomfort, burning, and/or pruritus. Management options include topical steroids, topical retinoids, and oral antihistamines. Cases refractory to conservative treatment may require procedural intervention, such as cryotherapy, excision, or electro-surgery. Here we describe a case of symptomatic vulvar syringomas refractory to medical management that were successfully treated with electrodesiccation and curettage.

**KEYWORDS** Adnexal tumor; dermatopathology; electrodesiccation and curettage; electrosurgery; pruritus; syringoma; vulva

Syringomas are benign eccrine gland neoplasms that present as small, flesh-colored subcutaneous papules. Vulvar syringomas are relatively rare and generally bilateral and are often asymptomatic, unnoticed until identified during a routine gynecological exam. Here we describe a case of symptomatic vulvar syringomas, refractory to medical management, which were successfully treated with electrodesiccation and curettage.

## CASE PRESENTATION

A 38-year-old woman presented to the dermatology clinic for evaluation of a 2-year history of vaginal itching. The pruritus caused significant distress and greatly impacted her quality of life. Past medical history included type 2 diabetes, multiple sclerosis, fibromyalgia, and pseudotumor cerebri. Her surgical, family, and social history were noncontributory. Physical examination was notable for 8 to 10 flesh-colored, firm, subcutaneous papules measuring 2 to 3 mm in diameter along the bilateral labia majora with surrounding macular hyperpigmentation (*Figure 1a*). No scarring or atrophy was observed. Punch biopsy was performed and histopathology was consistent with vulvar syringomas (*Figure 1b*).

Initial therapies included topical 6% gabapentin/2% lidocaine cream, topical gabapentin cream, and topical pramoxine cream. Oral gabapentin 100 mg offered mild improvement in her symptoms, but all other treatments proved ineffective. On follow-up, five lesions on the right

labia were electrodesiccated followed by gentle curettage and repeat electrodesiccation for hemostasis. The patient tolerated the procedure well with no complications. She was advised to continue topical gabapentin and pramoxine creams, as well as oral gabapentin postprocedurally.

After 6 months, the patient returned to the clinic due to recurrent itching on the left labia majora. On examination, well-healed scars were noted on the right labia majora, and seven 3 mm flesh-colored papules with evidence of excoriation were noted on the left labia majora. The patient underwent repeat electrodesiccation and curettage of the lesions on the left labia majora. One year after her last procedure, the patient reported near full resolution of pruritus and showed no signs of recurrence of treated syringomas.

## DISCUSSION

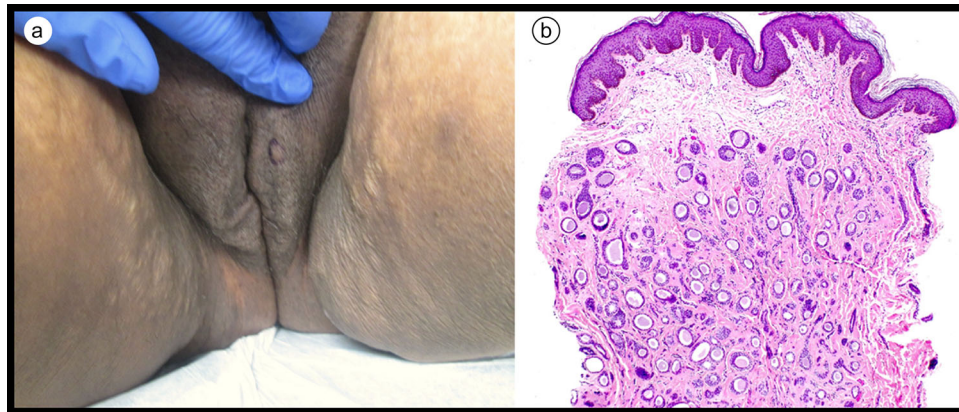
Vulvar syringomas should be considered on the differential for patients who present with pruritic vulvar papules. These patients may report vulvar pain and discomfort during warmer months, menstruation, or pregnancy. The differential diagnosis is broad and includes lichen simplex chronicus, lichen sclerosus, lichen planus, condyloma acuminata, and epidermal cysts.<sup>1</sup> Definitive diagnosis is made via biopsy, with the presence of eccrine ducts with characteristic comma or “tadpole” shaped tails on pathology.<sup>2</sup>

Given their benign nature, syringomas have a good prognosis. They are often treated for cosmetic reasons or to alleviate refractory symptoms not well controlled with medical

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The authors report no conflicts of interest. Consent was obtained from the patient for publication of this case.

Received July 20, 2021; Revised August 26, 2021; Accepted September 2, 2021.



**Figure 1.** (a) Vulvar syringoma prior to biopsy. (b) Eccrine ducts within the dermis, some with a characteristic 'tadpole' pattern, embedding in a fibrous stroma (hematoxylin and eosin, 10×).

management. Treatment modalities for vulvar syringomas are not standardized and include carbon dioxide laser, cryotherapy, intralesional electrodesiccation, and electrodesiccation and curettage, among other options.<sup>2,3</sup> Early and accurate diagnosis is key to preventing undue negative impacts on patients' well-being and relationships.

To our knowledge, this technique was first described in 1985 by Stevenson et al and has been reported few times since.<sup>4</sup> Electrodesiccation and curettage is an effective, inexpensive, and safe method for treating vulvar syringomas with few to no postoperative side effects and a favorable prognosis.

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